

## **Who Uses Form 415**

Form 415 is for use by all recipient committees that are eligible to terminate their filing obligations.

**Note:** To terminate officeholder and candidate status, Form 416, Officeholder and Candidate Statement of Termination must be filed.

## **Termination Criteria**

Recipient committees do not automatically terminate; they may only terminate under the following circumstances:

- They have ceased to receive contributions and make expenditures; and
- They do not anticipate receiving contributions, repayments of outstanding loans made to others, or any other receipts in the future, and they do not anticipate making expenditures in the future; and
- They have eliminated or are declaring that they have no intention or ability to discharge all their debts, loans received, and other obligations; and
- They have no campaign funds; and
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

Additional filing obligations will be incurred if after filing a Statement of Termination a committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

## **Where to File**

Recipient committees must file the original Statement of Termination with the Secretary of State, Political Reform Division, P.O. Box 1467, Sacramento, CA 95812-1467. In addition, a copy of the Form 415 must be filed with each filing officer with whom a copy of the committee's last campaign statement was filed.

## **How to File**

A Form 419, 420, 450, or 490 must be filed with the Statement of Termination. The period covered on the Form 419, 420, 450 or 490 is the day after the closing date of the last statement filed through the effective date of termination reported on the Form 415.

Recipient committees that file the originals of their campaign statements with a local filing officer must attach the original of the Form 419, 420, 450 or 490 to the copy of Form 415 filed with the local filing officer and not the Secretary of State. Only state recipient committees should file the original of the Form 419, 420, 450, or 490 with the Secretary of State.

## **Verification**

The Form 415 must be verified and signed by the committee treasurer. If a committee is controlled by an officeholder, candidate, or state ballot measure proponent, the officeholder, candidate, or proponent must also verify and sign the statement. If a committee is controlled by two or three officeholders, candidates, or proponents, each must sign the statement. If more than three officeholders, candidates, or proponents

control a committee, one of them may sign the statement on behalf of all controlling officeholders, candidates, or proponents.

## ***Important***

There are restrictions on the use of campaign funds. In addition, there are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to the [Information Manual on Campaign Disclosure Provisions of the Political Reform Act](#) or call the Commission's Legal Division at (916) 322-5660 for assistance regarding use of campaign funds.

# Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

## WHERE TO FILE:

File original and one copy of this form with:  
Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:  
The city or county officer, if any, who receives the committee's campaign disclosure statements.

RECIPIENT COMMITTEE  
STATEMENT OF TERMINATION

Date Stamp

**CALIFORNIA 415**  
**1994 FORM**

For Official Use Only

## I Recipient Committee Information

NAME OF COMMITTEE

I.D. NUMBER

ADDRESS OF COMMITTEE

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

## II Treasurer Information

NAME OF TREASURER

MAILING ADDRESS OF TREASURER

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

## III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED

## IV Verification

- A. This committee has ceased to receive contributions and make expenditures;
- B. This committee does not anticipate receiving contributions or making expenditures in the future;
- C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
- D. This committee has no surplus funds; and
- E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

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